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Attorney Docket No.: 5434-16



Check box if applicable: ☐ DUPLICATE

UTILITY PATENT APPLICATION TRANSMITTAL

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(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Dated: January 29, 2004

Mail Stop **Patent Application**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the utility patent application of:

Inventor(s): Tom M. MINER, Peter HARTL, Angelika CHRISTOPH

For: Intravenous Delivery System

Enclosed are:

- Transmittal letter (2x) with Fee Computation Sheet
- General Authorization For Payment of Fees (2x)
- Title Page, Specification, Claims 1 to 51 & Abstract (42 pages [total number of pages of application])
- Unexecuted Declaration and Power of Attorney (3 p.)
- 5 sheet(s) of drawing(s) (Figs. 1 to 4)
- Check for \$ 1586 for filing fee
- Return Receipt Postcard

☐ Please charge my Deposit Account No. 03-2412 in the amount of \$. A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this application or credit any overpayment to Deposit Acct. No. 03-2412.

☒ Any additional filing fees required under 37 CFR 1.16.

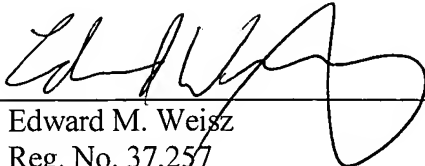
☒ Any patent application processing fees under 37 CFR 1.17

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☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

☐ Priority is claimed for this invention and application, corresponding applications having been filed in on , No. , on , No. , on , No. , on , No. , on , No. , on , No. , respectively.

Respectfully submitted,
COHEN, PONTANI, LIEBERMAN & PAVANE

By: 
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FILING FEE COMPUTATION SHEET*Submit an original and a duplicate for fee processing*

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 P.O. Box 1450
 Alexandria, VA 22313-1450

In re Application of: **Tom M. MINER et al.**
 For: **Intravenous Delivery System**

The filing fee has been calculated as shown below:

FOR:	Col. 1	Col. 2	SMALL ENTITY	OTHER THAN SMALL ENTITY
	# FILED	# EXTRA		
BASIC FEE			\$385	\$770
TOTAL CLAIMS	<u>51</u> - 20 =	<u>31</u>	x 9 = \$	x 18 = \$558
INDEPENDENT CLAIMS	<u>6</u> - 3 =	<u>3</u>	x 43 = \$	x 86 = \$258
<input type="checkbox"/> MULTIPLE DEPENDENCY			+\$145 = \$	+290 \$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL: \$	\$1586

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Tom M. MINER et al.

Serial No.: n/a

Filed: concurrently

For: Intravenous Delivery System

Check box if applicable:

☐ DUPLICATE

**GENERAL AUTHORIZATION FOR PAYMENT OF FEES
AND PETITIONS FOR EXTENSIONS OF TIME**
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Mail Stop Patent Application

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

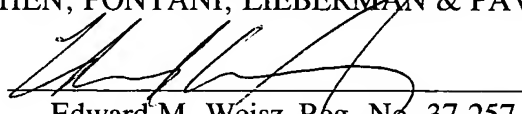
Sir:

The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 03-2412

- [X] Any filing fees required under 37 CFR §1.16.
- [X] Any patent application processing fees under 37 CFR §1.17 not otherwise paid by check.
- [X] The issue fee set in 37 CFR 1.18 at 3 months from mailing of the Notice of Allowance, pursuant to 37 CFR 1.311 (b) provided the fee has not already been paid by check.
- [X] Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,
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